



DEPARTMENT OF REVENUE AND TAXATION  
GOVERNMENT OF GUAM  
P.O. BOX 2796  
AGANA, GUAM 96910



**\*\*\*READ CAREFULLY\*\*\***

Affidavit must be completed by the registered owner. If application is to be completed by other than the registered owner, a Power-Of-Authority must be furnished and attached hereto.

Please obtain a 24-Hours Permit from the Guam Police Department which will authorize you to drive your vehicle to an inspection station.

**NOTE:** Proper ID (Driver's License, Passport, Guam ID, Military ID, etc.) must be presented together with a passed Vehicle Inspection Checklist, 24-Hours Permit and this affidavit.

**SOCIAL SECURITY IS REQUIRED:** The furnishing of your Social Security Number is required pursuant to Section 3101, Title 16, Guam Code Annotated and Section 405(c) (1) (C), Title 42, United States Code. We need this information for the purpose of administering the Vehicle Code of Guam.

**AFFIDAVIT**

I, (We) \_\_\_\_\_, being first duly sworn depose and say:

That during the period \_\_\_\_\_ to \_\_\_\_\_ the following described vehicle was not operated upon any highway of Guam for the reasons stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cylinder: \_\_\_\_\_

Body Style: \_\_\_\_\_ Year: \_\_\_\_\_ Eng. \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

License Plate: \_\_\_\_\_

Under penalties of perjury, I, (we) declare that all the informations contained in this application to the best of my knowledge and belief, are true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

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**Do Not Write Below, FOR OFFICIAL USE ONLY**

( ) APPROVED

ID # \_\_\_\_\_

( ) DISAPPROVED

SS. # \_\_\_\_\_